

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1						
2						
3						
4						
6	cancel					
6						
7						
8						
9						
10						
11						
12	cancel					
13						
14						
15						
16						
17						
18						
19						
20	cancel					
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25	cancel					
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44						
46						
46						
47						
48						
49						
60						
TOTAL IND.	4					
TOTAL DEF.	25					
TOTAL	29					

	INO.	DEF.	INO.	DEF.	INO.	DEF.
61						
62						
63						
64						
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99						
100						
TOTAL INO.						
TOTAL DEF.						
TOTAL						